

Examples of Burn Care plans

1. Acute Burns

Problem: Fluid and Electrolyte Imbalance

Outcome/Goal: MD will have adequate fluid balance AEB: normal vital signs, urine output of 0.5 ml/kg/hr

If gross myoglobinuria is present, minimum urinary output should be 75–100 mL/hr to reduce risk of tubular damage and renal failure.

Intervention:

1. Monitor vital signs every hour as per physician orders
2. Monitor intake and output every hour as per physician's orders
3. Administer isotonic IV solutions as ordered based on Parkland formula for acute burn fluid resuscitation
4. Insert Foley catheter if ordered, note the color of urine and specific gravity if ordered. (Increasing specific gravity of urine also reflects fluid deficit)
5. Assist with insertion of central venous catheter and monitor CVP with goal as indicated per physicians order
6. Evaluate response to fluid resuscitation and if indicated initiate a fluid challenge as per physicians order
7. Assess orthostatic blood pressures (noting a decrease in systolic blood pressure of 20 mm HG or a decrease in diastolic blood pressure of 10 mm HG within three minutes of standing when compared with blood pressure from the sitting position is considered orthostatic hypotension. This can occur with dehydration or cardiovascular disorders.)
8. Watch for early signs of hypovolemia, including thirst, restlessness, headaches, and inability to concentrate.
9. Recognize symptoms of cyanosis, cold clammy skin, weak thready pulse, confusion, and oliguria as late signs of hypovolemia.
10. Encourage patient when able to drink plenty of fluids unless contraindicated
11. Weigh patient daily and watch for sudden decreases, especially in the presence of decreasing urine output and active fluid loss
12. Monitor serum and urine osmolality, serum sodium, BUN creatinine ratio, and hematocrit for elevations. (These are all measures of concentration and will be elevated with decrease intravascular volume)
13. Monitor for signs and symptoms of fluid overload.

Pediatrics interventions include: 1. monitor the child for signs of deficient fluid volume, including sunken eyes, decreased tears, dry mucous membranes, poor skin turgor, and decreased urine output. 2. Initiate fluid resuscitation per Parkland formula for pediatric burn as per physician's order. 3. Insert a feeding tube and initiate enteral nutrition as per physician's order 4. Monitor intake and output as per physician's orders 5. Daily weights

2. Problem: Acute Pain

Outcome/Goal: MD who is able to self-report pain will have an acceptable pain level AEB: stated numerical pain rating scale <3.

MD will tolerate wound care and dressing changes AEB: minimal administration of analgesics during treatments, patient verbalizes acceptable pain level

MD who is unable to self-report pain will have a decrease in pain related behaviors AEB: a nonverbal pain scale of 0.

Interventions:

1. Assess pain intensity level that is appropriate for patient and document in EMR
2. Educate the patient regarding pain management
3. Administer analgesic/opioids as prescribed by physician
4. Administer analgesics/opioids prior to treatments including wound care, tubing, dressing changes
5. Administer supplemental analgesics/opioids as ordered to maintain the patient's pain level at or below acceptable pain scale
6. Document evaluation of analgesic/opioids administration in EMR.
7. Assess pain level, sedation level, and respiratory status at regular intervals during opioid administration
8. Evaluate side effects of analgesic/opioids administration.
9. Teach and implement nonpharmacological interventions when pain is relatively well controlled with pharmacological interventions.
10. Perform nursing care when the patient is comfortable.
11. Elevate extremities as necessary.

Pediatric interventions include: 1. Assess for the presence of pain using an appropriate pain scale 2. Administer analgesics as prescribed 3. Prevent procedural pain by using opioid analgesics and anesthetics as indicated in appropriate dosages per physician's orders 4. Educate parents regarding pain management

3. Problem: Impaired Skin Integrity

Outcome/Goal: MD will have adequate wound healing AEB: wound healing by secondary intention, tissue regeneration, achievement of timely healing of burned areas

Interventions:

1. Assess wound and document findings in EMR
2. Provide appropriate burn care.

3. Maintain wound covering as indicated
4. Elevate grafted areas if possible
5. Maintain immobility of areas when indicated, applying splints when necessary
6. Maintain dressings over new grafted areas and donor sites as indicated
7. Keep skin free of pressure
8. Evaluate wounds at takedown of dressing noting color of grafted and donor sites and noting presence or absence of healing
9. Aspirate blebs under sheet grafts with sterile needle or roll with sterile swab
10. Prepare patient for surgical grafting or biological dressing
11. Educate patient and family regarding infection control practices

4. Problem: Risk for Infection:

Outcome/Goal: MD will have timely wound healing without evidence of infection AEB: wounds free of purulent exudate, odor, patient afebrile, normal WBC's,

Interventions:

1. Implement appropriate infection control practices
2. Educate patients and family regarding infection control practices
3. Examine wounds, photograph and document findings in EMR
4. Monitor vital signs as ordered
5. Cultures and sensitivities as indicated
6. Monitor labs as indicated
7. Apply topical agents as ordered (this is where we can write Silvadene, sulfamylon etc. and to what specific areas)
8. Administer appropriate antibiotics as ordered
9. Administer tetanus toxoid if appropriate

There is no need to initially document all these interventions but as time goes by, we should have all interventions that apply to our patients included.

References:

Nursing Diagnosis Handbook: An Evidence-Based Guide to Planning Care, 2014, 10th edition
<http://nurseslabs.com/>